

License Commission
c/o Law, 3rd fl., City Hall
375 Merrimack Street
Lowell, MA 01852

Tel. # 978-970-4156

Ryan Wynn, Exec. Secy.

Application for common victualler license requires the following:

- 1) Application is to be signed by individual, partners, corporate officer, or managing member.
- 2) Additional information – business name, business address, and business phone – to be recorded on application.
- 3) An application filed in the name of a corporation or limited liability company shall include a certified copy of *articles of organization* or *certificate of organization* filed with the Massachusetts Secretary of State.
- 4) A copy of the *business certificate* filed with the City Clerk of Lowell [978-970-4160] is to be included as part of the application.
- 5) Background information form is to be completed and filed for the individual, partners, officers, and members.
- 6) Applicant is to sign the tax certification form and is requested to record on said form either a "social security number" or a "federal identification number."
- 7) Lowell Health Department [978-970-4010] shall inspect the premises. A license is issued after satisfactory inspection.
- 8) The annual license fee to be paid to the City of Lowell is \$75.00; license expires December 31st.

TO THE LOWELL LICENSE COMMISSION:

The undersigned respectfully makes application for the following type of license
for the calendar year 2010

COMMON VICTUALLER

Name

SIGNATURE ON LINE

Business Name

Business Address

Federal identification #

Business Telephone

Mailing Information

Date Filed

Granted

Issued

Health Inspection

License Number

License Fee: \$75.00

Calendar year 2010

Law Department - License
3rd floor, City Hall
375 Merrimack St.
Lowell, MA 01852

BACKGROUND INFORMATION BY LICENSE APPLICANT

(PRINT OR TYPE)

NAME _____

RESIDENCE (Street) _____

(City/Town, State, Zip Code) _____

HOW LONG AT THE ABOVE ADDRESS _____

DAY TIME TELEPHONE # [AREA CODE] _____

OTHER TELEPHONE # (Identify) [AREA CODE] _____

DATE OF BIRTH _____

BIRTHPLACE _____

A BIRTH CERTIFICATE OR BIRTH ABSTRACT MAY BE REQUIRED.
IF FOREIGN BORN, PROOF OF UNITED STATES CITIZENSHIP MAY BE REQUIRED.

SOCIAL SECURITY NUMBER _____

FEDERAL IDENTIFICATION NUMBER _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

POLICE RECORD _____

To Whom It May Concern:

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or
Federal Identification
Number

Signature of Individual or
Corporate Name

Social Security Number

by: _____
Corporate Officer
(if applicable)

Social Security Number

Corporate Officer

Social Security Number

Corporate Officer

Social Security Number

Manager